



## Homeland Security and Emergency Management

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 www.dps.state.mn.us

Alcohol and Gambling Enforcement

Bureau of Criminal Apprehension

Driver and Vehicle Services

Emergency Communication Networks

Homeland Security and Emergency Management

Minnesota State Patrol

Office of Communications

Office of Justice Programs

Office of Traffic Safety

State Fire Marshal and Pipeline Safety

### GIS Map Request Form

Please return this form to the fax Number 651-215-6883 or 651-215-6884, hand carry to Logistics in State EOC or email to [eoc.staff.logistic@state.mn.us](mailto:eoc.staff.logistic@state.mn.us) when EOC is activated.  
 (HSEM - Route to Logistics then Operations for submission to GIS Desk)  
*Requests will be filled as soon as possible.*

Requested By (Agency/Organization): \_\_\_\_\_

Agency/Organization Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone \_\_\_\_\_ Office \_\_\_ or Cell \_\_\_ Signature: \_\_\_\_\_

Description of Map Requested (MUST BE DETAILED):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Media Format (Circle One): **E-mail** or Size (Circle One): **8.5 x 11**, or **34 x 44**  
 How do you want to receive Map: \_\_\_\_\_

**Departmental Use Only (OPS Approval and Tracking)**  
 Operations Approved (Yes or No): \_\_\_\_\_ Request ID# \_\_\_\_\_  
 Date Request Received: \_\_\_\_\_ Priority (high, medium, low) \_\_\_\_\_  
 Received By: \_\_\_\_\_ Approved (Date): \_\_\_\_\_  
 File Location/Name: \_\_\_\_\_  
 Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_ Project Time: \_\_\_\_\_  
 Request Completed: \_\_\_\_\_ By Who: \_\_\_\_\_  
 Request Sent by (Check one): \_\_\_ Email \_\_\_ Pick up \_\_\_ Hand Delivered \_\_\_ Web Site  
 Was contact made upon completion of project and to who: \_\_\_\_\_

Revision 03/21/2009

